STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B Page 6b

State of Mississippi METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE

Optometrists' Services for EPSDT recipients, if medically necessary, include all physician services that an optometrist is legally authorized to provide and are reimbursed as physicians' services, Attachment 4.19-B, Page 5.

The Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

From April 1, 2010, through June 30, 2010, and/or in the event expenditure reductions or cost containment measures are implemented, the Division of Medicaid may reduce the rate of reimbursement to providers for any service up to an additional fifteen percent (15%) of the allowed amount for that service including Medicare crossover claims.

TN No. 2010-016 Supercedes TN No. 2002-06

Date Received
Date Approved
Date Effective April 1, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B Page 12d

State of Mississippi		
METHODS AND STAND	DARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF	CARE

<u>Eyeglasses</u> – Payment is made from a statewide uniform fixed fee schedule for the professional services of the eye doctor plus actual acquisition cost for the frames and lenses. Effective

Eyeglasses for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

The Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

From April 1, 2010, through June 30, 2010, and/or in the event expenditure reductions or cost containment measures are implemented, the Division of Medicaid may reduce the rate of reimbursement to providers for any service up to an additional fifteen percent (15%) of the allowed amount for that service including Medicare crossover claims.

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